

Post-Event Summary Report

Name of Event: THE PEORIA ILLINOIS SUMMIT: "AGING IN PLACE: AN IDEAL COMMUNITY"
Date of Event: June 1 and June 2, 2005
Location of Event: Peoria Civic Center, Peoria, Illinois
Number of Persons Attending: 165
Sponsoring Organization: Central Illinois Agency on Aging, Inc.
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Central Illinois Agency on Aging, Inc. convened the Peoria Summit, June 1-2, 2005, as an independent aging agenda event in connection with the 2005 White House Conference on Aging. The Summit addressed the theme "Aging in Place: An Ideal Community" with a primary focus on topics from the following General Issue Areas for the 2005 White House Conference on Aging: 1) Our Community; and 2) Social Engagement. The eight 90-minute sessions designed to weigh in oral and/or written testimony on these General Issue Areas included:

- A Regional Overview: Age Sensitivity in Housing, Transportation, Economic Development and Employment
- ABC's of Aging: Mental, Physical, Social, Spiritual
- Availability of Health Services
- Long Term Care Today, Tomorrow
- Housing Availability, Livable Communities, and the Impact of Universal Design
- Fitness, Wellness and Recreation
- Mental Health Services Today and Tomorrow
- A Lifetime of Learning

Testimony was gathered from a distinguished executive, administrative, professional and academic roster of 45 presenters, representing various divisions and disciplines from among the following entities: Tri-County Regional Planning Commission; Research and Development, Peoria Workforce Development; Community Investment, Heart of Illinois United Way; Institute of Physical Medicine and Rehabilitation; Departments of Philosophy, Psychology, Nursing, and Division of Continuing Education and Professional Development, Bradley University; Family and Community Medicine, Research and Economic Development of the University of Illinois; Health Careers and Community Service, and Office of Diversity, Illinois Central College; Business and Industry, Spoon River College; Adult Education Programs, Common Place; Regional Office of Education; Heartland Community Health Center; Peoria City/County Health Department; Stark County Health Department; Lutheran Hillside Village, Maple Lawn Homes, Hawthorne Inn for assisted living; Alzheimer's Association, Central Illinois Chapter; Central Illinois Center for Independent Living, Senior World Adult Day Services, Autonomous Case Management, Community Care Systems, Inc., Interim Health Care; Peoria Housing Authority, Independence Village, Snyder Village, Riverview Senior Living Community, Miller Senior Center, Fondulac Park District, Peoria Park District, RiverPlex Recreation and Wellness Center, Peoria YWCA, Peoria YMCA, Mental Health Association of Illinois Valley, Inc. Illinois Department of Human Services/Department of Mental Health, White Oaks Companies, Catholic Charities, The Antioch Group, and Central Illinois Agency on Aging, Inc.

The Summit yielded a plethora of needs, issues and proposed solutions, many of which need to be addressed at the local, regional and state levels. The challenge for Conveners has been to sort out and plan appropriately for subsequent strategies for follow through at the various policy levels as well as allow for implementation considerations that will cross broadly based, yet often unique, existing standards of operation, rules, and regulations for current services. The highlights and recommendations of the oral and/or written testimony thought appropriate to the national focus of the 2005 White House Conference on Aging follow.

Our Community: Priority Issues, Barriers and Proposed Solutions

Priority #1: Mental Health

Issues:

- Older adults experience a number of age-related illness conditions that co-occur with mental illness that further complicates making an accurate diagnosis of mental illness.
- Depression often co-occurs with substance abuse and strong link to suicide in older adults; other contributing factors and need for assistance include money management, affordable housing, information and assistance with government programs, family relationship issues, and transportation.
- Older adults have highest suicide rates compared to any other age group.
- Anxiety is the most prevalent mental disorder among older adults, yet the least studied and treated.
- Many senior adults are assuming the role of caregiver for elderly spouses, and that added strain impacts their health; 66% of caregivers use dementia care services such as transportation, education programs and support groups, day and respite care services.
- Traumatic events in their earlier lives such as PTSD, sexual abuse, physical abuse, and emotional abuse that occurred, but were not recognized or reported
- Evidence suggests that about half of individuals over the age of 85 have some form of dementia.
- Impact on the Individual: more visits to primary care physicians, use more medications, more likely to have more emergency room or hospital admissions, outcomes of medical treatment are worse when complicated by mental health problems, depressed older adults have about 50% higher health care costs than people without depression, depressed older adults make 38% more doctor visits and incur 61% higher total charges for outpatient services.
- Impact on Community: increased cost of hospitalizations, prolonged rehabilitation and increased nursing-home care, increased loss of time on the job by caregivers, community loses benefits that a mentally healthy adult contributes to society

Barriers:

- Mental disorders of late life often go undetected, undiagnosed, untreated, or mistreated.
- Medical professionals tend to overlook substance use problems common to this population; older people tend to become increasingly jealous of their privacy, independence, and ability to control their lives; stereotypical thinking that a person's advanced age is the only issue to be addressed.
- Common problems among the aging are sometimes indistinguishable from the symptoms of substance use: fatigue, irritability, insomnia, impotence, depression and anxiety; interactions of many medications and alcohol are not well known; professionals seldom take the time to carefully explain what is at stake and all the fine print on bottles and printouts is seldom read and not easily understood.

Proposed Solutions:

- Align payment policies with the continuum of care necessary for providing healthcare services to aging adults – access to comprehensive and culturally competent geriatric care that addresses mental and physical health.
- Promote affordable, defined health benefits including mental health through Medicare, Medicaid and other Federal and State health care program.
- Set aside mental health and aging funding for both systems to develop and provide the multi-system integration that is most effective with older adults, and for integration of both systems into primary care setting that provides the best access to many older adults; and increase funding for programs that provide mental health services in the home for those whose chronic physical illnesses, mobility issues, and the very

nature of some mental illnesses, such as depression make it very difficult and unrealistic for the to seek help outside the home.

- Increase funding to develop additional prevention and intervention, mental health programs that are evidenced –based, affordable, and accessible.
- Increased funding needed in National Family Caregiver Support Program, state and community respite care, adult day care and caregiver support programs, including training, information and assistance, needs assessment and finances
- Expand education/community awareness initiatives; health care providers especially need to understand that mental illness among the older population is real, common, and treatable; members of the community need to be able to recognize the difference between normal grieving over loss and unhealthy depression, between normal worries and anxiety disorders, and between normal drinking and alcohol and substance abuse.
- Support parity in reimbursement for treatment of mental health disorders at the same level as physical disorders both by insurance and Medicare; currently Medicare pays 80% of medical costs of physical disorders but only 50% of costs for mental health services.
- Provide information to all persons, especially older adults, about brain health and brain awareness and the prevention and detection of dementia and memory loss.

Priority #2: Disease Care System to a Health Care System

Issues:

- Elders utilize a large percentage of health care dollars; appropriate interventions have been shown to reduce the need for expensive and intensive acute and long term treatment.
- Mental illness has been shown to aggravate and worsen a wide range of medical conditions. Conversely, mental health then becomes a critical element in reducing hospital stays and preserving health care dollars.
- Need for mental health and physical health care practitioners for awareness of the interconnectedness of body and mind and not hesitate to form professional, collegial relationships.
- Substance abuse problems among older adults are growing, largely invisible, and very understandable; the human body doesn't handle alcohol very well as it grows older, heavy use of medications, both prescriptions and over-the-counter complicates alcohol use, either by increasing its effect or by decreasing the effectiveness of the medication.
- Need to embrace the meaning and role of the Primary Care Physician, by definition one who develops a sustained partnership with patients and practices in the context of family and community.
 - a deep understanding of the dynamics of the whole person
 - a generative impact on patient's lives
 - a talent for humanizing the health care experience
 - a commitment to multidimensional accessibility
 - provides a personal medical home
 - patient-centered care
 - a team approach
 - eliminates barriers to access

Barriers:

- Homebound seniors – the numbers are increasing – need more primary care physicians to make home visits; the need for routine assessments in the home would be particularly applicable to seniors living in rural communities.

- Shortage of healthcare workers, including nurses and nurse educators, and post-secondary education in gerontology
- Drug trials/drugs are tested on younger, healthier people rather than an older population thereby opening the door to serious problems with inappropriate dosing, interactions of multiple medications or prescribing medications to older people who may not be able to self-administer accurately.
- Poly-pharmacology and the utilization of numerous health care practitioners who prescribe medications are a real challenge for the older adult; many seniors are on 1-12 drugs (some as high as 30) to manage multiple conditions – we haven't begun to look at the permutations possible for side effects of that many medications

Proposed Solutions:

- Move focus away from the medical model with a center on disease to one of prevention and early intervention, listening to patients, understanding the problem, getting to know the patient holistically.
- Health care system must address three major factors for maintaining the health of the population: a usual source of healthcare, health insurance and a personal physician who specializes in primary care.
- State and federal policy and resources at both levels are needed to continue to support new and existing primary physician training programs to reduce the costs of healthcare, decrease errors, increase quality, increase patient satisfaction, and decrease both morbidity and mortality.
- Funding for elder research, and expanded multidisciplinary collaboration in research, evidenced based care for the elderly client, and workplace health programs that incorporate senior issues and health needs
- Implement a comprehensive national long-term care policy – emphasis on home and community based care, public education about chronic conditions, commitment to prevention and early diagnosis.
- Carefully, intentionally put aside the stacks of regulations and begin to redraft regulations that answer basic quality of life outcome questions for each setting and type of care provided.
- Encourage passage of the Geriatric and Chronic Care Management Act, which helps to refocus Medicaid LTC benefits to home and community care.
- Reform Medicaid and develop single points of entry into LTC, applicant screening to determine the level of care needed, targeting of at risk LTC populations for home and respite care, and establish care managers to coordinate services and spending.
- Encourage states to rebalance their long term care systems away from an over-reliance on institutionalization and towards more home and community based services.
- Increase education regarding long term care, what it is, who pays for it, what is long term care insurance, why is it important, when should it be purchased, what one should look for in a policy, etc.; make LTC insurance available and attractive at younger ages.
- Encourage more nursing homes to humanize their settings. (Eden Alternative, Pioneer Network, Wellspring philosophies).
- States should transfer funds spent on institutionalization to long-term care services in the community, even if the services would be provided in a somewhat different form in the community; allow all people, including the disabled and aging, to have the opportunity and choice for services in the community first, enabling the greatest opportunity for independence.
- Insist on national standardization with agency oversight so that all adult day centers subscribe to identical principles and processes when establishing and operating their programs.
- Convince the insurance industry to include adult day services as a covered care option in long term care policies so that the Boomers will have more choices available to them.

Social Engagement: Highlights of Priority Issues, Barriers and Proposed Solutions

Priority #3

Issues:

- Social engagement, community service and volunteerism, leisure activities, lifelong learning are subjects that can be addressed by colleges and universities, including travel and learn programs; community colleges promote lifetime learning at all age levels
- Exercise and fitness programs appropriate for persons of all ages in user friendly facilities, which is not necessarily the same as handicapped accessible; public spaces need to be safe and movement friendly with attention to parks, bike paths, and sidewalks
- Boomers want programs that promote wellness, travel opportunities, hobbies, family time, part-time work and meaningful volunteer opportunities.
- Important that recreational facilities make changes to adapt to our aging population rather than force them to modify their way of life/discontinue lifetime activities; focus on and adapt the method of fitness, wellness and recreation available
- Challenging for the fifty year old to fully grasp the physical and psychosocial dynamics of aging without the experience; therefore programs and services must maintain flexibility
- In today's society, literacy is an essential skill, one that helps people thrive individually, socially, and economically; handling personal affairs, engaging in the workforce, participating in democratic society, thus critical for individual's functioning and for a well-functioning society
- The volume of written information is growing via forms, manuals, instructions, communications and e-mail, and citizens are expected to be able to read and comprehend; the health field expects increased self-care from patients, with shorter hospital stays and increased patient responsibility for treatment regimens; adults with low literacy have an increased risk for health problems, medical misunderstandings, multiple hospital visits, and medication errors
- Inadequate health literacy increases with age, unfortunately, often at the same time that individual health is declining

Barriers:

- Funding for senior recreational, fitness, and wellness programs is vital; due to current tax cuts, and an unwillingness by local constituencies to raise taxes, park districts are required to charge seniors for programs in the past have been offered for free or at a subsidy
- In our youth oriented society, adult literacy has not received the same recognition in its importance to individual and community viability

Proposed Solutions:

- Federal and state funding should aggressively favor creative collaborations among recreation, fitness and wellness programs that serve seniors.
- Even in a time of budget deficits and shrinking funding, it is crucial that adult education and literacy for all adults remain a priority.
- In the age of No Child Left Behind, it must be realized that it is also important that no adult is left behind; support and advocate for increased funding for adult literacy as a major Older Americans Act initiative that will benefit older adults and their family caregivers.